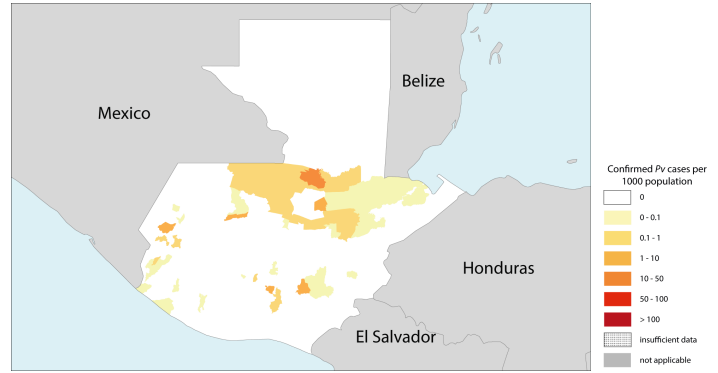


Guatemala

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	2.5M	14
Low transmission (0-1 case per 1000 population)	11.2M	62
Malaria free (0 cases)	4.4M	25
Total	18.1M	

Reported cases and deaths

Presumed and confirmed cases	3053
Reported indigenous confirmed cases:	3046

Indigenous deaths: 0

Parasites and vectors

Major plasmodium species (indigenous cases): *P. falciparum*: 0 (%)*, *P. vivax*: 100 (%)

Major anopheles species: *An. albimanus*, *An. pseudopunctipennis*, *An. vestitipennis*, *An. darlingi*

*includes mixed infections and other species of Plasmodium

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITN distributed by mass campaign	Yes*	2006
IRS	IRS is recommended	No	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes*	2012
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2005
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	1960
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes*	2022
	The sale of oral artemisinin-based monotherapies (oAMTs)	never allowed	-
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1960
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes*	2014
	System for monitoring of adverse reaction to antimalarials exists	Yes	2017
Surveillance	Malaria is a notifiable disease	Yes*	1960
	ACD for case investigation (reactive)	Yes	2017
	ACD at community level of febrile cases (pro-active)	Yes	2017
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes*	2005
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes*	2005
	Case investigation undertaken	Yes	2017
	Foci investigation undertaken	Yes	2017
	Case reporting from private sector is mandatory	Yes	2000

Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

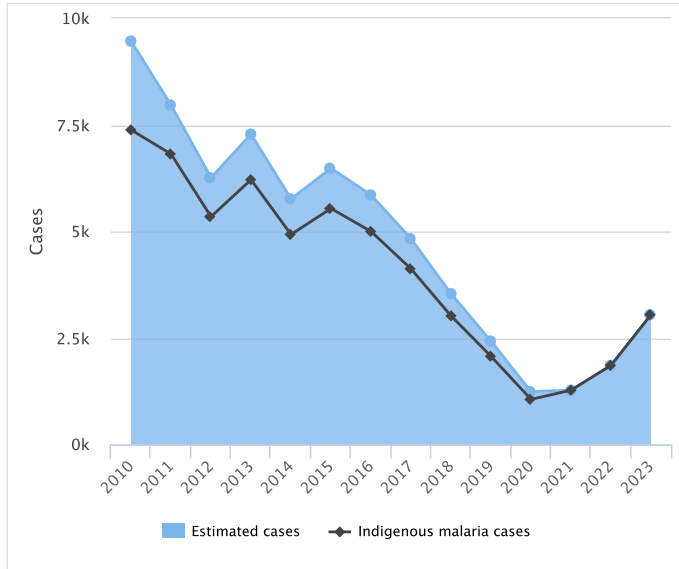
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	NA	-
First-line treatment of <i>P. falciparum</i>	AL	2022
Second-line treatment <i>P. falciparum</i>	AL	2022
Treatment of severe malaria	AS	2022
Treatment of <i>P. vivax</i>	CQ+PQ	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		
Type of RDT used (public)	Pf + Pv specific (Combo)	
Therapeutic efficacy tests (clinical and parasitological failure, %)		
Medicine	Year	Min Median Max Follow-up No. of studies Species
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)		
Insecticide class	(%) sites ¹	Vectors ² Used ³
Carbamates		No
Neonicotinoids		No
Organophosphates		No
Pyrethroids	0% (0/2)	Yes

¹Percent of sites for which resistance is confirmed and total number of sites that reported data

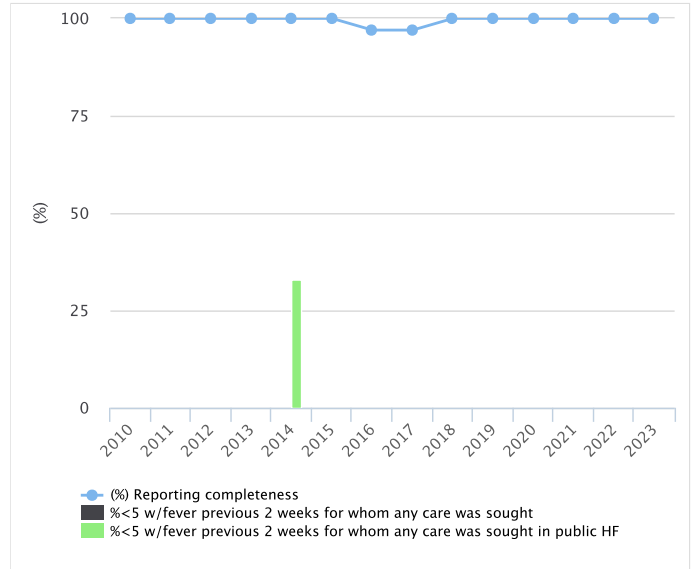
²Vectors reported to exhibit resistance to insecticide class

³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

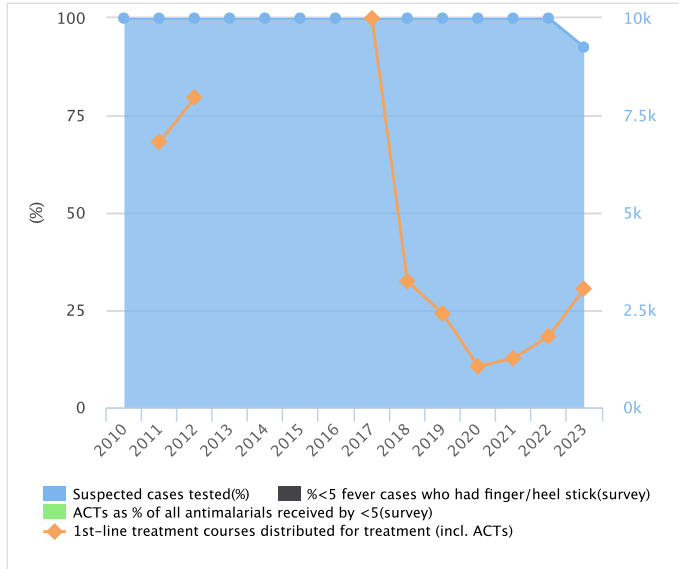
III. Estimated and reported cases



Treatment seeking and reporting completeness

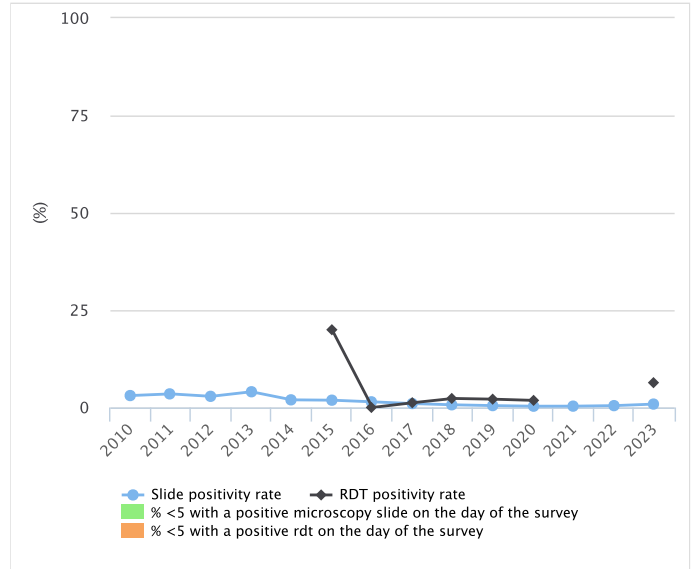


IV. Cases tested and treated



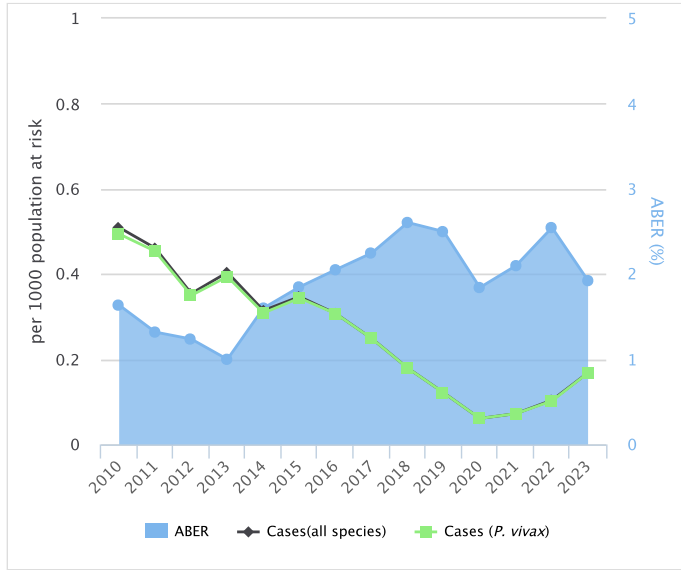
Source: 2014

Test positivity



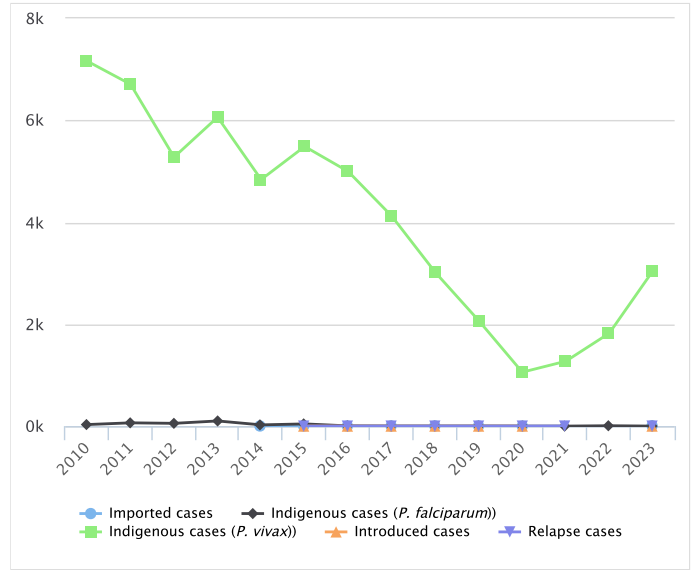
Imported and introduced malaria cases are included

V. Confirmed malaria cases per 1000 population at risk and ABER

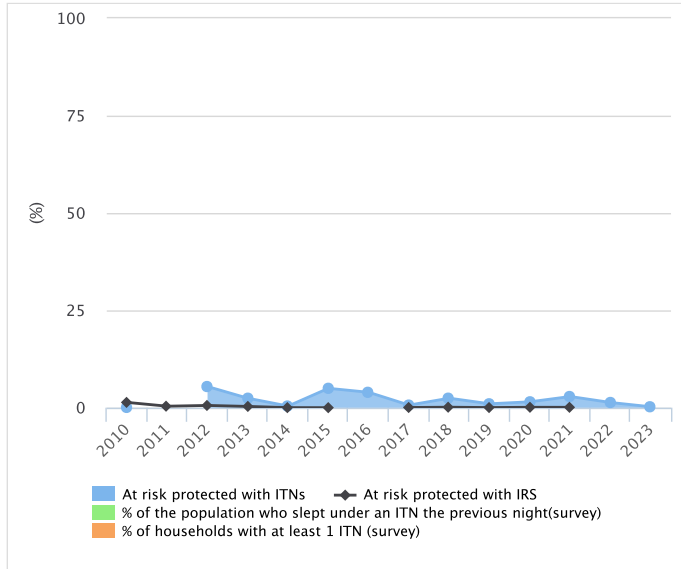


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

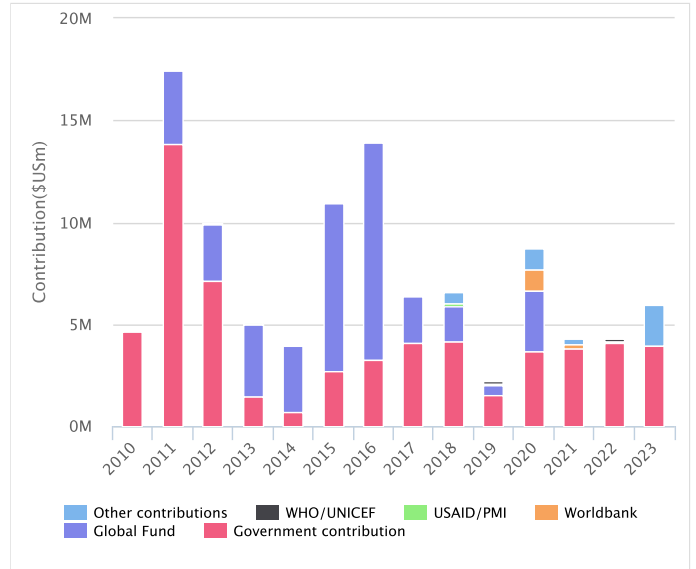
Cases by classification



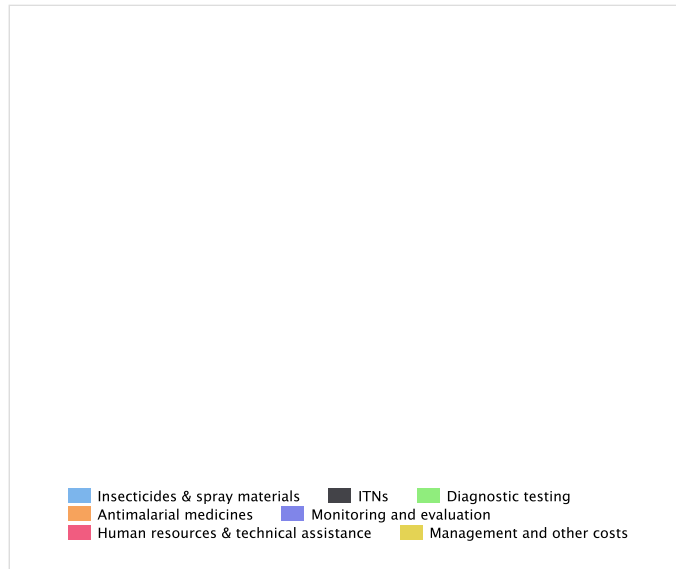
V. Coverage of ITN and IRS



Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6)